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# U.S. PATENT APPLICATION

SERIAL NUMBER

08/800,742

FILING DATE

02/14/97

CLASS

070

GROUP ART UNIT

3508

APPLICANT

PETER FIELD, SALEM, VA; DUNCAN KERR, SAN FRANCISCO, CA.

\*\*CONTINUING DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN/PCT APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 05/03/97

STATE OR  
COUNTRY

VA

SHEETS  
DRAWING

12

TOTAL  
CLAIMS

26

INDEPENDENT  
CLAIMS

4

FILING FEE  
RECEIVED

\$982.00

ATTORNEY DOCKET NO.

1233-272A

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TITLE

ELECTROMECHANICAL CYLINDER LOCK

This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.

By authority of the  
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5431

<b>SERIAL NUMBER</b> 08/800,742	<b>FILING DATE</b> 02/14/1997 <b>RULE</b>	<b>CLASS</b> 070	<b>GROUP ART UNIT</b> 3676	<b>ATTORNEY DOCKET NO.</b> 1233-272A	
<b>APPLICANTS</b> PETER FIELD, SALEM, VA; DUNCAN KERR, SAN FRANCISCO, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/03/1997</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 6449					
<b>TITLE</b> ELECTROMECHANICAL CYLINDER LOCK					
<b>FILING FEE RECEIVED</b> 1066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		